

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.						
1	1		1			51				
2						52				
3			6			53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10						60				
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13						63				
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37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
AL						TOTAL IND.				
AL						TOTAL DEP.				
AL INS						TOTAL CLAIMS				